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TO
Examiner Michael Trettel
Art Group 3673

United States Patent and Trademark Office

FAX NO.
(703) 872-9306

User Number: 872 Client #: 8266 Matter #: 1208

Total number of pages transmitted including cover sheet: 8

Comments:

MAIL STOP NON-FEE AMENDMENT

Fax'd: 01 August 2005

Applicant: Allen et al.

Serial No.: 10/770,721

Title: HOSPITAL BED AND MATTRESS HAVING A RETRACTABLE FOOT SECTION

Filed: February 3, 2004

Atty. No.: 8266-1208

Amendment Transmittal w/ Certification Under 37 C.F.R. § 1.8(a) (in duplicate)

Response to Final Official Action Dated 5/31/05 w/ Certificate Under 37 C.F.R. C.M.O.:cmw

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PAGE 1/8 *RCVD AT 8/1/2005 3:32:34 PM [Eastern Daylight Time]* SVR:USPTO-EFXRF-6/0* DNIS:8729306* CSID:+13176845173* DURATION (mm:ss):02-16

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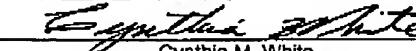
PATENT APPLICATION

Applicant: Allen et al. }
Serial No.: 10/770,721 }
Filing Date: February 3, 2004 }
Title: HOSPITAL BED AND }
MATTRESS HAVING A }
RETRACTABLE FOOT }
SECTION }
Group: 3673 Examiner: Trettel }
Atty. Docket: 8266-1208 }

Certificate Under 37 C.F.R. 1.8(a)

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On August 1, 2005


Cynthia M. White

Dated: August 1, 2005

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COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

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Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	Fee
TOTAL CLAIMS (37 C.F.R. 1.16(c))	17	20	0	\$18	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	3	3	0	\$86	\$0
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

An Extension of Time for _____ month(s) is hereby requested under
37 C.F.R. 1.136(a). The required fee for filing this extension is: _____

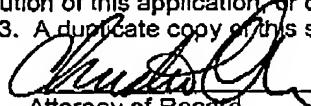
Information Disclosure Statement _____

TOTAL FEE FOR THIS AMENDMENT _____

\$0

A check in the amount of \$ _____ to cover the total fee for this
amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees
under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment,
to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.


Attorney of Record
Printed Name: Christine E.M. Orlch
Registration No.: 44,987

639612_1

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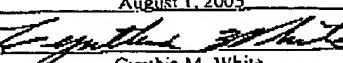
2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket. 8266-1208 }
 Applicant(s): Allen et al. }
 Title: HOSPITAL BED AND }
 MATTRESS HAVING }
 A RETRACTABLE }
 FOOT SECTION }
 Serial No.: 10/770,721 }
 Filed: February 3, 2004 }
 Examiner: Trettel, M. }
 Group: 3673 }
 }

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On August 1, 2005

 Cynthia M. White

Dated: August 1, 2005

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RESPONSE TO FINAL OFFICIAL ACTION DATED 5/31/2005

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Alexandria, VA 22313-1450

Dear Sir:

Applicants respectfully submit the following in response to the May 31, 2005 Office Action.

Listing of Claims/Amendments to Claims begins on page 2.

Remarks begin on page 5.